

FAMILY INFORMATION					
County:			Address:		
Family Name:			Address 2:		
Family Email:			City:		
Mobile Phone Number:			State:	TX	Postal Code:
<b>MEMBER INFORMATION</b>			<b>DEMOGRAPHICS</b>		
First Name:			Residence:	<input type="checkbox"/> Farm <input type="checkbox"/> Town Under 10,000 and Rural-Non Farm <input type="checkbox"/> Town, City or Suburbs 10,000 to 50,000 <input type="checkbox"/> City or Suburb More Than 50,000 <input type="checkbox"/> City - Central, More Than 50,000	
Middle Name:					
Last Name:					
Preferred Name:			Are you of Hispanic or Latino ethnicity?	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer Not To State	
Birth Date:			Race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (race not listed) <input type="checkbox"/> White <input type="checkbox"/> Prefer Not To State	
Member Email:					
Member Mobile Phone:					
Previous Years in Program:					
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:			
<b>EMERGENCY CONTACT</b>			<b>EMERGENCY CONTACT 2</b>		
Emergency Contact Full Name:			Emergency Contact Full Name:		
Relationship to Member:			Relationship to Member:		
Emergency Contact Phone:			Emergency Contact Phone:		
Emergency Contact Email:			Emergency Contact Email:		
CLUBS					
Club	Club	Years in Project	Club Member Youth Type		
			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
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			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
PROJECTS					
Project	Club	Years in Project	Type		
			<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador		
			<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador		
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PARENT/GUARDIAN 1			PARENT/GUARDIAN 2		
First Name:			First Name:		
Last Name:			Last Name:		
Phone Number:			Phone Number:		
Work Phone Number:			Work Phone:		
Work Extension:			Work Extension:		

SECOND FAMILY		SCHOOL	
Last Name:		School County:	
First Name(s):		School District:	
Email:		School Name:	
Phone:		School Type:	
Address:		COUNTY OF RESIDENCE	
Address 2:		What County do you live in?	
City:		Is your place of residence a different county than you attend school in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State:			
Postal Code:			

MILITARY			
Military Service:	<input type="checkbox"/> I Am Serving In the Military <input type="checkbox"/> I Have A Family Member Serving In the Military <input type="checkbox"/> I Have A Family Member Who Retired From The Military <input type="checkbox"/> I Have A Parent Serving In The Military	<input type="checkbox"/> I Have A Sibling Serving In The Military <input type="checkbox"/> I Have A Parent Who Served In The Military <input type="checkbox"/> I Have A Parent Who Retired From The Military <input type="checkbox"/> No One In My Family Is Serving In The Military	
Branch of Service:	<input type="checkbox"/> Air Force <input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Not Applicable <input type="checkbox"/> Space Force
Branch Component:	<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Reserves

OTHER			
Current Offices Held:	<input type="checkbox"/> President <input type="checkbox"/> 1st Vice-President <input type="checkbox"/> 2nd Vice-President	<input type="checkbox"/> 3rd Vice-President <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer <input type="checkbox"/> Reporter/Public Relations <input type="checkbox"/> Council Delegate <input type="checkbox"/> Alternate Council Delegate <input type="checkbox"/> Health/Safety Officer <input type="checkbox"/> Other
Other Leadership Role:			
Youth Leadership Type:	<input type="checkbox"/> Junior Leader	<input type="checkbox"/> Teen Leader	
Shooting Sports Project Enrollment:	<input type="checkbox"/> Not In Shooting Sports <input type="checkbox"/> Archery	<input type="checkbox"/> Hunting Skills <input type="checkbox"/> Muzzelloading	<input type="checkbox"/> Pistol <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun

REFUND POLICY	
<p><b>PARTICIPATION FEES AND VOLUNTEER APPLICATION FEES</b></p> <ul style="list-style-type: none"> <li>Participation fees are nonrefundable once the membership or application has been approved by the county office.</li> <li>Once a Volunteer Application has been SUBMITTED into the system the application fee is nonrefundable. <b>(ONLY APPLIES TO ADULT PROFILES)</b></li> </ul> <p><b>EVENT AND ACTIVITY REGISTRATION</b></p> <ul style="list-style-type: none"> <li>The general refund policy for the Texas 4-H Program is that no refunds are provided to a 4-H member or family once the registration is APPROVED. In extreme circumstances, such as death in immediate family, severe illness/accident, or cancellation of event, refunds will be provided, minus any expenses already incurred by the event/activity.</li> <li>It is the decision of the event coordinator for that particular event if a refund is provided or not, with approval of Texas 4-H Youth Development Program Director. Contact Your Local County Extension Office with questions about refunds.</li> </ul> <p><b>ANIMAL VALIDATION</b></p> <ul style="list-style-type: none"> <li>All fees paid are non-refundable once an animal validation has been accepted.</li> </ul> <p><b>Signature to confirm that you have read the refund policy above:</b> _____</p>	

YOUTH ENROLLMENT FORMS		
<input type="checkbox"/> Waiver, Indemnification, and Medical Treatment Authorization	<input type="checkbox"/> Consequences of Misbehavior/Code of Conduct	<input type="checkbox"/> Media and Photograph Release